

multiple dependent claim
fee calculation sheet
(for use with form 10-375)

100-1070-12
APPLICANT

CLAIMS

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	2					
13						
14						
15						
16						
17						
18						
19						
20	1					
21						
22						
23						
24						
25	2					
26						
27						
28						
29						
30			1			
31			1			
32			1			
33			1			
34			1			
35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	3		4			
TOTAL DEP.	24	2	20	2		
TOTAL CLAIMS	30	0	24	0		

TOTAL IND.				

TOTAL IND.				

BEST AVAILABLE COPY